## MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET 10,57779 (FOR USE WITH FORM PTO-875) APPLICANT(S) CLAIMS . AFTER AFTER AS FILED AFTER I AMENDMENT AS FILED 2 MAMENDMENT AFTER I"AMENDMENT 2 MAMENDMENT DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. <u>55</u> TOTAL IND TOTAL IND TOTAL DEP TOTAL DEP TOTAL TOTAL CLAIMS CLAIMS